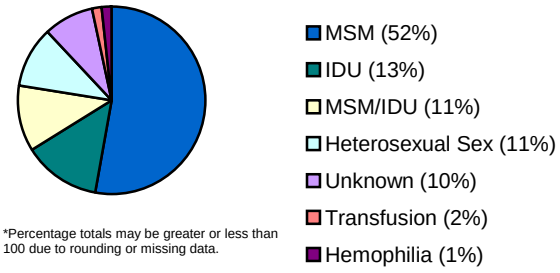
HIV/AIDS, STD & TB Prevention

MONTANA

HIV/AIDS Epidemic

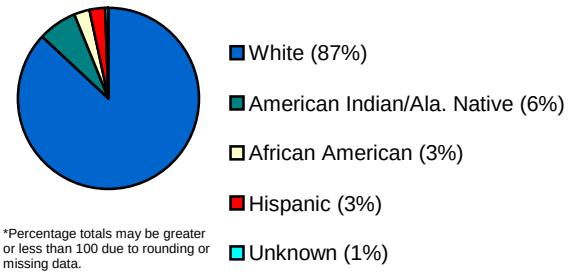
Montana reported 366 cumulative AIDS cases to CDC as of December 2003.

Cumulative Reported HIV/AIDS Cases by Mode of Exposure, through June 30, 2004
***N = 611**
SOURCE: Montana Department of Health and Human Services



*Percentage totals may be greater or less than 100 due to rounding or missing data.

Cumulative Reported HIV/AIDS Cases by Race/Ethnicity, through June 30, 2004
***N = 611**
SOURCE: Montana Department of Public Health and Human Services



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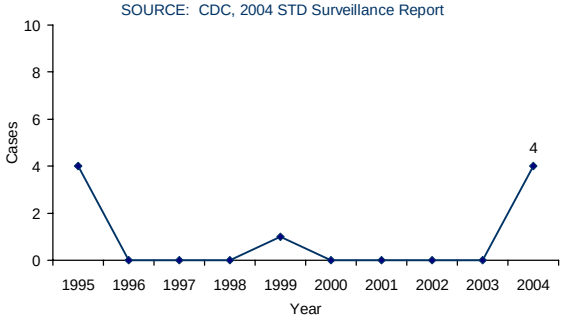
Sexually Transmitted Diseases (STDs)

Syphilis

Primary and secondary (P&S) syphilis (the stages when syphilis is most infectious) remains a problem in the southern U.S. and some urban areas. In Montana, the rate of P&S syphilis decreased 20% from 1995-2004

- Montana ranked 44th among the 50 states with 0.4 cases of P&S syphilis per 100,000 persons.
- The number of congenital syphilis cases has remained at 4 or fewer between 1995 and 2004.

P&S Syphilis Cases in Montana, 1995-2004
SOURCE: CDC, 2004 STD Surveillance Report

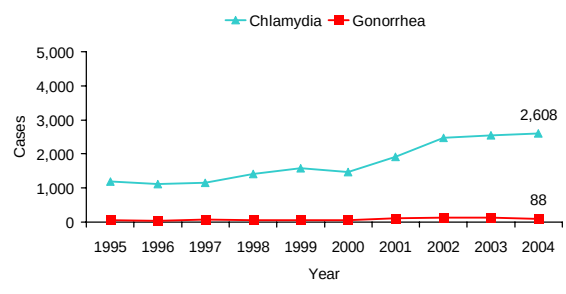


Chlamydia and Gonorrhea

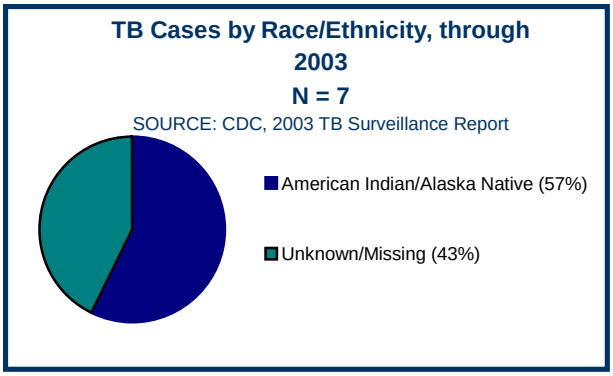
Chlamydial and gonorrheal infections in women are usually asymptomatic and often go undiagnosed. Untreated, these infections can lead to pelvic inflammatory disease (PID), which can cause tubal infertility, ectopic pregnancy and chronic pelvic pain.

- Montana ranks 34th among the 50 states in chlamydial infection (284.2 per 100,000 persons) and 49th in the rate of gonorrhea infections (9.6 per 100,000 persons).
- The rate of chlamydia among Montana women (416.4 cases per 100,000 females) was 2.8 times greater than the rate among Montana men (149.7 cases per 100,000 males).

Chlamydia and Gonorrhea Cases in Montana, 1995-2004
SOURCE: CDC, 2004 STD Surveillance Report



Tuberculosis



Although rates of tuberculosis (TB) infection in the U.S. have declined substantially since 1992, rates among foreign-born persons continued to increase. In 2003, Montana reported

- The 49th highest rate of TB in the U.S.
- A total of 7 TB cases with 57% affecting American Indian/Alaska Natives. None of the 12 TB cases in Montana were among foreign-born persons.

Program Initiatives Supported by CDC

Human Immunodeficiency Virus (HIV/AIDS)
Missoula AIDS Council in Missoula, Montana, received funding in the 2004 community-based organization program announcement under Category B, organizations providing HIV prevention services to members of groups at high risk for HIV infection, regardless of race/ethnicity. The organization specifically targets white and American Indian/Alaskan Natives injecting drug users and men who have sex with men.

Sexually Transmitted Diseases (STDs)
The Montana STD Program and Indian Health Service (IHS) have partnered to combat high rates of chlamydia on the reservations—13% compared to 5.6% for the rest of the local population. Pervasive methamphetamine use on reservations and high infection rates resulted in a one-day professional training for clinic staff. Faculty included an investigator from the Denver DEA Office, an emergency doctor, a researcher from the University of Arizona, and an environmental program manager from the state of Minnesota who presented on all facets of methamphetamine use. This successful staff training is expected to better prepare clinic staff for work on the reservations.

National Center for HIV, STDs & TB Prevention Funding to Montana, 2005 (US$)	
HIV/AIDS	$1,646,366
STDs	$316,470
TB	$150,899

Tuberculosis (TB)
In 2003, there were 7 TB cases reported in Montana, which represents a rate of 0.8 cases per 100,000 populations. This is the fewest number of cases and lowest incidence rate ever reported in the state. Five cases or 71% of the total number of cases occurred among Native Americans, representing a case rate of 7.6/100,000 or 38 times the rate observed in Whites (0.2/100,000). All of the adult Native American TB cases (4 cases) in 2003 were reported to have used alcohol excessively for at least 12 months prior to the date of diagnosis, and one case admitted to injecting drug abuse. Two of the adult cases were reported to be unemployed for at least 24 months prior to diagnosis. Although completion of treatment of a drug regimen of at least 6 months is challenging for any TB patient, these difficulties are exacerbated in the context of alcohol/drug abuse and chronic unemployment. While the numbers of TB cases in Montana are few, the health care providers face numerous challenges in assisting their patients in completing therapy.

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